

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Iowa

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
<u>A. General Conditions of Eligibility</u>	
Each individual covered under the plan:	
42 CFR Part 435, Subpart G	1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2. Meets the applicable non-financial eligibility conditions.
	a. For the categorically needy:
	(i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
	(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(l) of the Act	(iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(VII) and 1902(a)(10)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(l) of the Act.
1902(m) of the Act	(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

State: Iowa

Citation(s)	Condition or Requirement
1905(p) of the Act	<p>b. For the medically needy, meets the nonfinancial eligibility conditions of 42 CFR Part 435.</p> <p>c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the nonfinancial criteria of section 1905(p) of the Act.</p>
1905(s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the nonfinancial criteria of section 1905(a).
1905(p)(3)(A)(ii) of the Act	e. For financially eligible specified low income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, meets the nonfinancial criteria of section 1905(p)(3)(A)(ii).
1902(a)(10)(A)(i) (II) of the Act	f. For children being paid SSI benefits as of August 22, 1996, who would continue to be paid SSI but for the enactment of Section 211(a) of P.L. 104-193.
1902(a)(10)(A)(ii) (XIII) of the Act	g. For the financially eligible working disabled covered under 1902(a)(10)(A)(ii)(XIII), who meets the nonfinancial criteria for the SSI program.
42 CFR 435.406	<p>3. Is residing in the United States (U.S.), and--</p> <p>a. Is a citizen or national of the United States;</p> <p>b. Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, or as designated for Medicaid in section 402(b)(2) of PRWORA as amended (including individuals treated as refugees pursuant to section 107(b)(1)(A) of P.L. 106-386 as amended, section 1244(g) of P.L. 110-181 as amended, or section 602(b)(8) of P.L. 111-8 as amended), subject to the prohibitions of section 403 of PRWORA as amended;</p> <p>c. Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;</p> <p>d. Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;</p>

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State: Iowa

Citation(s)	Condition or Requirement
e.	<p>Is a QA whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended.</p> <p><u>X</u> State covers all authorized QAs.</p> <p>State does not cover authorized QAs.</p>
f.	<p>State elects CHIPRA option to provide full Medicaid coverage to otherwise eligible pregnant women or children as specified below who are aliens lawfully residing in the United States; including the following:</p> <p>(1) A "qualified alien" otherwise subject to the 5-year waiting period per section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996;</p> <p>(2) A citizen of a Compact of Free Association State (i.e., Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau) who has been admitted to the U.S. as a non-immigrant and is permitted by the Department of Homeland Security to reside permanently or indefinitely in the U.S.;</p> <p>(3) An individual described in 8 CFR section 103.12(a)(4) who does not have a permanent residence in the country of their nationality and is in a status that permits the individual to remain in the U.S. for an indefinite period of time, pending adjustment of status. These individuals include:</p> <p>(a) An individual currently in temporary resident status as an Amnesty beneficiary pursuant to section 210 or 245A of the Immigration and Nationality Act (INA);</p> <p>(b) An individual currently under Temporary Protected Status pursuant to section 244 of the INA;</p> <p>(c) A family Unity beneficiary pursuant to section 301 of Public Law 101-649 as amended by, as well as pursuant to, section 1504 of Public Law 106-554;</p> <p>(d) An individual currently under Deferred Enforced Departure pursuant to a decision made by the President; and</p>

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State: Iowa

Citation(s)	Condition or Requirement
	<p>(e) An individual who is the spouse or child of a U.S. citizen whose visa petition has been approved and who has a pending application for adjustment of status; and</p> <p>(4) An individual in non-immigrant classifications under the INA who is permitted to remain in the U.S. for an indefinite period, including the following as specified in section 101(a)(15) of the INA:</p> <ul style="list-style-type: none"> • A parent or child of an individual with special immigrant status under section 101(a)(27) of the INA, as permitted under section 101(a)(15)(N) of the INA; • A Fiancé of a citizen, as permitted under section 101(a)(15)(K) of the INA; • A religious worker under section 101(a)(15)(R); • An individual assisting the Department of Justice in a criminal investigation, as permitted under section 101(a)(15)(S) of the INA; • A battered alien under section 101(a)(15)(U) (see also section 431 as amended by PRWORA); and • An individual with a petition pending for 3 years or more, as permitted under section 101(a)(15)(V) of the INA. <p><u> </u> Elected for pregnant women.</p> <p><u> X </u> Elected for children under age <u>21</u>.</p> <p>g. <u> X </u> The State provides assurance that for an individual whom it enrolls in Medicaid under the CHIPRA section 214 option, it has verified, at the time of the individual's initial eligibility determination and at the time of the eligibility redetermination, that the individual continues to be lawfully residing in the United States. The State must first attempt to verify this status using information provided at the time of initial application. If the State cannot do so from the information readily available, it must require the individual to provide documentation or further evidence to verify satisfactory immigration status in the same manner as it would for anyone else claiming satisfactory immigration status under section 1137(d) of the Act.</p>

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Approval Date FEB 17 2009 Effective Date JUL 07 2009

Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 2.6-A
Page 3a
OMB No.: 0938-

State: Iowa

Citation	Condition or Requirement
42 CFR 435.1008	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities and intermediate care facilities for the mentally retarded, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008 1905(a) of the Act	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program. <input checked="" type="checkbox"/> Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
42 CFR 433.145 1912 of the Act	6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

Vision: HCFA-PM-91-8
October 1991

(MB)

ATTACHMENT 2.6-A
Page 3a.1
OMB No.: 0938-

State: Iowa

Citation

Condition or Requirement

An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(1)(1)(A) of the Social Security Act (pregnant women and women in the postpartum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

☒ Assignment of rights is automatic because of State law.

42 CFR 435.910

7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number) except for aliens seeking medical assistance for the treatment of an emergency medical condition under section 1903(v)(2) of the Social Security Act (section 1137(f)).

TN No. MS-92-11

Supersedes

TN No. None

Approval Date AUG 03 1992

Effective Date APR 01 1992

State: Iowa

Citation	Condition or Requirement
1902(c)(2)	8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(i)(IX) of the Act.
1902(e)(10)(A) and (B) of the Act	9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)
1906 21.9	10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

*different
parent
(also)
available*

TN No. MS-91-47

Supersedes

TN No. None

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1/23/92

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11/1/91

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Revision: HCFA-PM-97-2
December 1997

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Page 4
OMB No.:0938-0673

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Citation	Condition or Requirement
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B. Posteligibility Treatment of Institutionalized
Individuals' Incomes

1. The following items are not considered in the
posteligibility process:

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1902(o) of
the Act

- a. SSI and SSP benefits paid under §1611(e)(1)(E)
and (G) of the Act to individuals who receive care
in a hospital, nursing home, SNF, or ICF.

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Bondi v
Sullivan (SSI)

- b. Austrian Reparation Payments (pension (reparation)
payments made under §500 - 506 of the Austrian
General Social Insurance Act). Applies only if
State follows SSI program rules with respect to
the payments.

1902(r)(1) of
the Act

- c. German Reparations Payments (reparation payments
made by the Federal Republic of Germany).

105/206 of
P. L. 100-383

- d. Japanese and Aleutian Restitution Payments.

1. (a) of
P.L. 103-286

- e. Netherlands Reparation Payments based on Nazi, but
not Japanese, persecution (during World War II).

10405 of
P.L. 101-239

- f. Payments from the Agent Orange Settlement Fund
or any other fund established pursuant to the
settlement in the In re Agent Orange product
liability litigation, M.D.L. No. 381 (E.D.N.Y.)

6(h)(2) of
P.L. 101-426

- g. Radiation Exposure Compensation.

38 USC
Section 5503(f)

- h. VA pensions limited to \$90 per month under
38 U.S.C. 5503. (except as noted in Item B.2.)

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TN No. MS-98-12
Supersedes

Approval Date OCT 16 1998

Effective Date APR 1 1998

TN No. MS-92-40

State: Iowa

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 for individuals and \$60 for couples for all institutionalized persons:</p> <p>a. Aged, blind, disabled: Individuals <u>\$ 50</u> Couples <u>\$100</u></p> <p>For the following persons with greater need: Persons with earned income, home expenses in the month of entry or discharge, or persons with a trust described in 1917(d)(4) of the Social Security Act.</p> <p>Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: Children <u>\$ 50</u> Adults <u>\$ 50</u></p> <p>For the following persons with greater need: Persons with earned income, home expenses in the month of entry or discharge, or persons with a trust described in 1917(d)(4) of the Social Security Act.</p> <p>Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p>

TN No. MS-07-020
Supersedes
TN No. MS-07-017

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State: Iowa

Citation	Condition or Requirement
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- c. Individual under age 21 covered in the plan as specified in Item B. 7 of Attachment 2.2-A.
\$ 50

For the following persons with greater need: Persons with earned income, home expenses in the month of entry or discharge, or persons with a trust described in 1917(d)(4) of the Act.

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

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Substitute per letter dated 09/11/98

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December 1997

ATTACHMENT 2.6-A
Page 4b
OMB No.:0938-0673

State: Iowa

Citation

Condition or Requirement

For the following persons with greater need:
Persons with earned income or home expenses in the month of
Supplement 12 to Attachment 2.6-A describes the entry or discharge.
greater need; describes the basis or formula for
determining the deductible amount when a specific
amount is not listed above; lists the criteria to
be met; and, where appropriate, identifies the
organizational unit which determines that a
criterion is met.

1924 of the Act

3. In addition to the amounts under item 2., the following monthly
amounts are deducted from the remaining income of an
institutionalized individual with a community spouse:

a. The monthly income allowance for the community spouse,
calculated using the formula in §1924(d)(2), is the amount by
which the maintenance needs standard exceeds the community
spouse's income. The maintenance needs standard cannot exceed
the maximum prescribed in §1924 (d)(3)(C). The maintenance
needs standard consists of a poverty level component plus an
excess shelter allowance.

____ The poverty level component is
calculated using the applicable
percentage (set out §1924(d)(3)(B) of the
Act) of the official poverty level.

____ The poverty level component is
calculated using a percentage greater
than the applicable percentage, equal to
____%, of the official poverty level
(still subject to maximum maintenance needs standard).

X The maintenance needs standard for all
community spouses is set at the maximum
permitted by §1924(d)(3)(C).

Except that, when applicable, the State will set the community
spouse's monthly income allowance at the amount by which
exceptional maintenance needs, established at a fair hearing, exceed
the community spouse's income, or at the amount of any court-
ordered support.

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Page 4c
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State: Iowa

Citation	Condition or Requirement
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In determining any excess shelter allowance,
utility expenses are calculated using: N/A

_____ the standard utility allowance under
§5(e) of the Food Stamp Act of 1977; or

_____ the actual unreimbursable amount of the
community spouse's utility expenses less
any portion of such amount included in
condominium or cooperative charges.

b. The monthly income allowance for other dependent
family members living with the community spouse is:

X one-third of the amount by which the
poverty level component (calculated
under §1924(d)(3)(A)(i) of the Act,
using the applicable percentage
specified in §1924 (d)(3)(B)) exceeds the
dependent family member's monthly
income.

_____ a greater amount calculated as follows:

The following definition is used in lieu of the
definition provided by the Secretary to determine the
dependency of family members under §1924 (d)(1):

c. Amounts for health care expenses described below
that are incurred by and for the institutionalized
individual and are not subject to payments by a third party:

(i) Medicaid, Medicare, and other health insurance
premiums, deductibles, or coinsurance charges,
or copayments.

(ii) Necessary medical or remedial care
recognized under State law but not covered
under the State plan. (Reasonable limits on
amounts are described in Supplement 3 to
ATTACHMENT 2.6-A.)

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TN No. None

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State: Iowa

Citation	Condition or Requirement
435.725	4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:
435.733	
435.832	

- a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:

- ☐ AFDC level; or
☐ Medically needy level:

(Check one)

- ☒ AFDC levels in Supplement 1
-- Medically needy level in Supplement 1
-- Other: \$ _____

- b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:

(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.

(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to ATTACHMENT 2.6-A.)

435.725
435.733
435.832

5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:

A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:

☒ No. See Supplement 12 to Attachment 2.6-A.

☐ Yes (the applicable amount is shown on page 5a.)

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December 1997

ATTACHMENT 2.6-A
Page 5a
OMB No.: 0938-0673

State: Iowa

<u>Citation</u>	<u>Condition or Requirement</u>
<u> </u>	Amount for maintenance of home is: \$ <u> </u>
<u> </u>	Amount for maintenance of home is the actual maintenance costs not to exceed \$ <u> </u>
<u> </u>	Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individuals' home and the community spouse's home are different.
<u> </u>	Amount for maintenance of home is not deductible when countable income is determined under §1924 (d)(1) of the Act.

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State: Iowa

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s) Condition or Requirement

42 CFR
435.711
435.721
435.831

C. Financial Eligibility

~~For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(2) of the Act, as specified below.~~

For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.

Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level--pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII) and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act--and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act and specified low income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act.

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Approval Date APR 20 1993

Effective Date JUL 1 1993

State: Iowa

Citation	Condition or Requirement
<u>X</u>	<u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource levels for mandatory and optional categorically need poverty level related groups, and for medically needy groups..
	<u>Supplement 7 to ATTACHMENT 2.6-A</u> specifies the income levels for <u>categorically</u> needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.
	<u>Supplement 4 to ATTACHMENT 2.6-A</u> specifies the methods for determining <u>income</u> eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
	<u>Supplement 5 to ATTACHMENT 2.6-A</u> specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
<u>X</u>	<u>Supplement 8a to ATTACHMENT 2.6-A</u> specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under 1902(r)(2) of the Act.
	<u>Supplement 8b to ATTACHMENT 2.6-A</u> specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.

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Substitute per letter dated 6/1/90

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Iowa

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(r)(2) of the Act	<p>1. <u>Methods of Determining Income</u></p> <p>a. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</u></p> <p>(1) In determining countable income for AFDC-related individuals, the following methods are used:</p> <p><u>X</u> (a) The methods under the State's approved AFDC plan only; or</p> <p>— (b) The methods under the State's approved AFDC plan and/or any more liberal method described in Supplement 8a to ATTACHMENT 2.6-A.</p> <p>(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</p>
1902(e)(6) of the Act	<p>(3) Agency continues to treat women eligible under the provisions of section 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Iowa

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.721 435.831, and 1902(m)(1)(B)(m)(4) and 1902(r)(2) of the Act	b. Aged individuals. In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used: <input checked="" type="checkbox"/> The methods of the SSI program only, except that income assigned by an individual to a trust as described at section 1917(d) (4) (B) of the Social Security Act shall not be considered as income of the individual. <input type="checkbox"/> The methods of the SSI program and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

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Revision: HCFA-PM-91-4 (BPD)
August 1991

ATTACHMENT 2.6-A
Page 8
OMB No.: 0938-

State: Iowa

Citation

Condition or Requirement

☐ For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

☐ For institutional couples, the methods specified under section 1611(e)(5) of the Act.

☐ For optional State supplement recipients under \$435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.

☐ For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--

____ SSI methods only.

____ SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.

____ Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.

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NOV 01 1991

TN No. MS-89-18

HCFA ID: 7985E

State: Iowa

Citation	Condition or Requirement
42 CFR 435.721 and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of	c. <u>Blind individuals.</u> In determining countable income for blind individuals, the following methods are used: <u>X</u> The methods of the SSI program only, except that income assigned by an individual to a trust as described at section 1917(d) (4) (B) of the Social Security Act shall not be considered income of the individual.
the Act	____ SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u> ____ For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u> , and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u> <u>X</u> For institutional couples, the methods specified under section 1611(e)(5) of the Act. ____ For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A.</u> ____ For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements-- ____ SSI methods only. ____ SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u> ____ Methods more restrictive and/ or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u>

Prepared
swail

State: Iowa

Citation

Condition or Requirement

In determining relative responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

42 CFR 435.721,
and 435.831
1902(m)(1)(B),
(m)(4), and
1902(r)(2) of
the Act

d. Disabled individuals. In determining countable income of disabled individuals, including individuals with incomes up to the Federal poverty level described in section 1902(m) of the Act the following methods are used:

X The methods of the SSI program only, except that income assigned by an individual to a trust as described at section 1917 (d) (4) (B) of the Social Security Act shall not be considered income of the individual.

 SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

X For institutional couples: the methods specified under section 1611(e)(5) of the Act.

 For optional State supplement recipients under @435.230: income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.

 For individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(r) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

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Revision: HCFA-PM-91-4 (BPD)
August 1991

ATTACHMENT 2.6-A
Page 11
OMB No.: 0938-

State: Iowa

Citation	Condition or Requirement
_____	For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--
_____	SSI methods only.
_____	SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
_____	Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are specified in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

TN No. MS-91-47

Supersedes

TN No. MS-89-18

Approval Date JAN 23 1992

Effective Date NOV 01 1991

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Iowa

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	C.1.e (2) In determining relative financial responsibility the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) of the Act	(3) The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f. <u>Qualified Medicare beneficiaries.</u> In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the following methods are used: <u>X</u> The methods of the SSI program only. ____ SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u> <u>X</u> For institutional couples, the methods specified under section 1611(e)(5) of the Act.

Revision: HCFA-PM- - (MB)

State: Iowa

itation	Condition or Requirement
1905(s) of the Act	<p>If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.</p> <p>For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.</p> <p>For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.</p> <p>g. (1) <u>Qualified disabled and working individuals.</u></p> <p>In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.</p>
1905(p) of the Act	<p>(2) <u>Specified low-income Medicare beneficiaries.</u></p> <p>In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.</p>

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TN No. MS-93-10

Supersedes

TN No. MS-92-13

Approval Date APR 10 1993

Effective Date JAN 01 1993

State: Iowa

Citation	Condition or Requirement
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1902(u) of the Act	h. <u>COBRA Continuation Beneficiaries</u>
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In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:

- ☐ The disregards of the SSI program.
- ☐ The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to ATTACHMENT 2.6-A.

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proposed
change*

Note: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in Section 1612 (b) (u)(4)(B)(ii).

1902(a)(10)(A)(ii) (XIII) of the Act.	i. <u>Working Disabled Who Buy in to Medicaid.</u>
---------------------------------------	--

In determining countable income for working disabled individuals who buy into Medicaid, the following methodologies are applied:

- ☐ The methodologies of the SSI program.
- ☐ The agency uses methodologies for treatment of income more restrictive than the SSI program.
- ☒ The agency uses methodologies for treatment of income more liberal than the SSI program. These more liberal methodologies are described in Supplement 8a to ATTACHMENT 2.6-A.
- ☒ The agency requires individuals to pay premiums or other cost-sharing charges. The premiums or other cost-sharing charges and how they are applied, are described below:

State: Iowa

Citation	Condition or Requirement
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The definition of "family" for purposes of the 250% family income eligibility test includes:

- ◆ For disabled individuals under 18 and unmarried: the individual, parents living with the individual, unmarried siblings under 18 living with the individual, and children of the individual who live with the individual.
- ◆ For disabled individuals 18 or older or married: the individual, the individual's spouse living with the individual, and any unmarried children under 18 who are living with the individual.

In comparing family income to 250%, SSI income disregards and exemptions are applied. In determining whether the 250% family income eligibility test is met, disregard the amount of income equal to the social security cost-of-living adjustment for the year until the federal poverty level increase goes into effect for the year.

Premiums will be charged for recipients with gross income in excess of 150% of the federal poverty level and will be adjusted annually based on changes in the average state employee health insurance premium. The premium is determined according to a sliding scale based on income, with the maximum premium, based on the average state employee's health insurance premium, charged only when not more than 5% of gross income.

Monthly premium amounts established August 1, 2017; begin at \$34 with gross income greater than 150% of the federal poverty level and increase to a maximum of \$852 with gross income greater than 1740% of the federal poverty level. No other cost-sharing charges apply to this group, except for otherwise applicable Iowa Medicaid co-payments, subject to the aggregate limits described in 42 C.F.R. §447.56(f).

In determining the monthly premium amount, the gross income figure used in calculation of the monthly premium will not include the cost-of-living adjustment for the year until the federal poverty level for the year goes into effect.

TN No.	<u>IA-17-002</u>	Approval Date	<u>June 28, 2017</u>	Effective Date	<u>August 1, 2017</u>
Supersedes					
TN No.	<u>IA-16-025</u>				

State: Iowa

Citation	Condition or Requirement
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Collection of Medicaid buy-in premiums for the months of June 2008 and July 2008 is waived based on good cause due to financial hardship for members who live in a county that has been declared a disaster area by state or federal proclamation.

TN No. MS-08-020
Supersedes
TN No. None

Approval Date JUL 21 2008 Effective Date JUN 01 2008

State: Iowa

Citation	Condition or Requirement
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1902(a)(10)(A)(ii)
(XIX) of the Act
(Cont.)

Income Standards

☒ The agency uses the family income standard of 300% of federal poverty level.

☐ The agency uses the family income standard of less than 300% of the federal poverty level.

Specify the income standard _____

☐ The agency uses a family income standard higher than 300% of the federal poverty level (no federal financial participation is provided for benefits to families above 300% FPL).

Specify the income standard _____

Resource Standards

Under this provision agencies may not impose resource standards or asset tests in determining eligibility.

TN No.	<u>MS-09-003</u>	Approval Date	<u>JUN 22 2009</u>	Effective Date	<u>JAN 01 2009</u>
Supersedes					
TN No.	<u>None</u>				

State: Iowa

Citation	Condition or Requirement
1902(a)(10)(A)(ii) (XIX) of the Act (Cont.)	<u>Income Methodologies</u> In determining whether a family meets the income standard described above, the agency uses the following methodologies. <u>X</u> The income methodologies of the SSI program. — The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 8c to Attachment 2.6-A. — The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.

TN No. MS-09-003 Approval Date JUN 22 2009 Effective Date JAN 01 2009
Supersedes
TN No. None

State: Iowa

Citation	Condition or Requirement
1902(cc) of the Act and 1903(a)	<u>Interaction with Employer Sponsored Family Coverage</u> For individuals eligible under the FOA eligibility group described in No. 25 on page 23e of Attachment 2.2-A:

The agency requires parents to enroll in available group health plans through their employers if the plan qualifies under Section 2791(a) of the Public Health Service Act and the employer contributes at least 50 percent of the total cost of annual premiums for such coverage.

If such coverage is obtained, the agency reduces any premium imposed by the State by an amount that reasonably reflects the premium contribution made by the parent for private coverage on behalf of a child with a disability; and treats such coverage as a third party liability.

_____ The agency provides for payment of all or some portion of the annual premium for the employer-provided private family coverage that the parent is required to pay. Any payments made by the State are considered, for purposes of section 1903(a), to be payments for medical assistance.

The agency pays _____ percent of the premium.

TN No.	<u>MS-09-003</u>	Approval Date	<u>JUN 22 2009</u>	Effective Date	<u>JAN 01 2009</u>
Supersedes					
TN No.	<u>None</u>				

State: Iowa

Citation	Condition or Requirement
1902(a)(10)(A)(ii) (XIX), 1916(i) and 1902(cc)(2)(A)(ii) (I) of the Act	<u>Payment of Premiums</u> For individuals eligible under the FOA eligibility group described in No. 25 on page 23e of Attachment 2.2-A:

X The agency does not require the payment of premiums for Medicaid coverage.

— The agency requires payment of premiums on a sliding scale based on income. The premiums, and how they are applied are described below:

NOTE: Amounts paid for premiums for Medicaid, required family coverage, and other cost-sharing may not exceed 5% of a family's income for families up to 200% FPL and 7.5% of a family's income for families above 200% and up to 300% FPL.

NOTE: A State may not require prepayment of premiums and may not terminate eligibility of a child for medical assistance on the basis of failure to pay a premium until the failure to pay continues for at least 60 days from the date on which the premium was past due.

NOTE: The State may waive payment of any such premium in any case where the State determines that requiring payment would create an undue hardship.

TN No. MS-09-003

Supersedes

TN No. None

Approval Date

JUN 22 2009

Effective Date

JAN 01 2009

State: Iowa

Citation	Condition or Requirement
1902(k) of the 2. Act	<p>Medicaid Qualifying Trusts</p> <p>a. In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.</p> <p>This provision applies to trusts established on or before August 10, 1993.</p> <p><input type="checkbox"/> The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. <u>Supplement 10 of ATTACHMENT 2.6-A</u> specifies what constitutes an undue hardship.</p>
1917(d) of the Act	<p>b. In the case of trusts established after August 10, 1993 (as of October 1, 1993), the State complies with Section 1917(d) requirements as added by the Omnibus Budget Reconciliation Act of 1993.</p> <p><input checked="" type="checkbox"/> The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. <u>Supplement 10 of ATTACHMENT 2.6-A</u> specifies what constitutes an undue hardship.</p>
1902(a)(10) of the Act	<p>3. Medically needy income levels (MNILs) are based on family size.</p> <p><u>Supplement 1 to ATTACHMENT 2.6-A</u> specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, <u>Supplement 1</u> so indicates.</p>

State: Iowa

Citation	Condition or Requirement
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42 CFR 435.732,
435.831

4. Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only

a. Medically Needy

- (1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for a period of two * months to determine the amount of excess countable income applicable to the cost of medical care and services.

- * For Medically Needy cases that result in spenddown, a two-month certification period (budget period) is assigned.

Medically Needy cases that do not result in spenddown are maintained as categorically needy cases until the later of the first month that income exceeds a one-month MNIL or the first month following the timely notification.

42 CFR 435.831(f)(1)

For Medically Needy cases, the retroactive certification period begins with the first month Medicaid-covered services were received and continues to the end of the month immediately prior to the month of application. A one-month, two-month, or three-month retroactive certification period is assigned, depending on when the first month of Medicaid-covered services were received.

*Official
signature
on file*

TN No. MS-01-1

Supersedes

TN No. MS-95-2

Approval Date

FEB 12 2001

Effective Date

OCT 1 2000

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<u>Citation</u>	<u>Condition or Requirement</u>
42 CFR 435.732, 435.831	(2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order: (a) Health insurance premiums, deductibles and coinsurance charges. (b) Expenses for necessary medical and remedial care not included in the plan by chronological date of submission. (c) Expenses for necessary medical and remedial care included in the plan by chronological date of submission. ____ Reasonable limits on amounts of expenses deducted from income under a. (2)(a) and (b) above are listed below.
1902(a)(17) of the Act	Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a state or local government.
42 CFR 435.831(g)(2) and (6)	All medical expenses incurred before application are deducted no matter how far back in time the expenses are incurred, if they have not already been used in another certification period, if the individual is still liable for them, or if the individual has paid for them in the current certification period. This does not include expenses incurred in a certification period when spenddown was not met, unless the certification period was a retroactive period.
42 CFR 435.831(f)(3)	Paid or unpaid medical expenses incurred in the retroactive certification period and not previously deducted in establishing eligibility are deducted from excess income in the two-month certification period immediately following the retroactive period.
1903(f)(2) of the Act	____ (3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the state by the individual.

TN No. MS-99-13

Supersedes

TN No. MS-95-2Approval Date NOV 12 1999

Effective Date

JUL 01 1999

State: Iowa

Citation	Condition or Requirement
42 CFR 435.732	<p>b. <u>Categorically Needy - Section 1902 (f) States</u></p> <p>The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:</p> <ol style="list-style-type: none">(1) Any SSI benefit received.(2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.(3) Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.(4) Other deductions from income described in this plan at <u>Attachment 2.6-A, Supplement 4</u>.(5) Incurred expenses for necessary medical and remedial services recognized under State law.
1902(a)(17) of the Act, P.L. 100-203	<p>Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.</p>

Revision: HCFA-PM-91-8 (MB)
October 1991

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OMB No.:

State: Iowa

Citation	Condition or Requirement
<u>b. Categorically Needy - Section 1902 (f) States</u> (Continued)	
1903(f)(2) of the Act	____ (6) Spenddown payments made to the State by the individual.

NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.

TN No. MS-92-11
Supersedes _____ Approval Date AUG 03 1992 Effective Date APR 01 1992
TN No. None

Provision: HCFA-PM-91-4 (BPD)
August 1991

ATTACHMENT 2.6-A
Page 16
OMB No.: 0938-

State: Iowa

Citation

Condition or Requirement

5. Methods for Determining Resources

- a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).
- (1) In determining countable resources for AFDC-related individuals, the following methods are used:
- (a) The methods under the State's approved AFDC plan; and
- ☒ (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.
- (2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. MS-91-47

Supersedes

Approval Date JAN 23 1992

Effective Date

NOV 01 1991

TN No. MS-87-11

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
August 1991

ATTACHMENT 2.6-A
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OMB No.: 0938-

State: Iowa

Citation

Condition or Requirement

5. Methods for Determining Resources

1902(a)(10)(A),
1902(a)(10)(C),
1902(m)(1)(B)
and (C), and
1902(r) of the Act

b. Aged individuals. For aged individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, the agency used the following methods for treatment of resources:

 The methods of the SSI program.

 X SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

 Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describes the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specifies the more liberal methods.

 X For institutional couples, the methods specified under section 1611(e)(5) of the Act.

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Othman
J. Hall*

Citation

Condition or Requirement

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.

1902(a)(10)(A),
1902 (a)(10)(C),
1902 (m)(1)(B),
and 1902(r) of the
Act

c. Blind individuals. For blind individuals the agency uses the following methods for treatment of resources:

_____ The methods of the SSI program.

X SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

_____ Methods that are more restrictive and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describes the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specifies the more liberal methods.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

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TN No. MS-99-21

Supersedes

TN No. MS-91-47

Approval Date

JAN 29 2001

Effective Date

JUL 27 2000

HCFA ID: 7985E

Substitute per letter dated 10/30/00

Revision: HCFA-PM-91-4 (BPD)

August 1991

State:

Iowa

ATTACHMENT 2.6-A

Page 18

OMB NO.: 0938-

Citation

Condition or Requirement

1902(a)(10)(A),
1902 (a)(10)(C),
1902 (m)(1)(B),
and (C), and
1902(r)(2) of the

Act

d. Disabled individuals, including individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act. The agency uses the following methods for the treatment of resources:

_____ The methods of the SSI program.

_____ SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

X Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those under the SSI program. More restrictive methods are described in Supplement 5 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8b to ATTACHMENT 2.6-A.

X For institutional couples, the methods specified under Section 1611(e)(5) of the Act.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

1902(1)(3) and
1902(r)(2) of the
Act

e. Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act.

The agency uses the following methods in the treatment of resources.

_____ The methods of the SSI program only.

_____ The methods of the SSI program and/or any more liberal methods described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.

TN No. MS-99-21 substitute page

Supersedes

Approval Date

Effective Date

TN No. MS-91-47

HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 2.6-A
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OMB No.:

State/Territory: Iowa

Citation	Condition or Requirement
1905(p)(1) (C) and (D) and 1902(r)(2) of the Act	5. h. <u>For Qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act the agency uses the following methods for treatment of resources:</u> — The methods of the SSI program only. X: The methods of the SSI program and/or more liberal methods as described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u>
1905(s) of the Act	i. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.
1902(u) of the Act	j. For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources: — The methods of the SSI program only. — More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to Attachment 2.6-A.

TN No. MS-98-36
Supersedes

Approval Date FEB 2 1999

Effective Date OCT 1 1998

TN No. MS-93-15

HCFA ID: 7985E

State: Iowa

Citation	Condition or Requirement
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7. Resource Standard -- Medically Needy

- 1902(a)(10)(C)(i)
of the Act
- a. Resource standards are based on family size.
- b. A single standard is employed in determining resource eligibility for all groups.
- c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for --
- _____ Aged
_____ Blind
_____ Disabled

Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 so indicates.

- 1905(p)(1)(D) and
(p)(2)(B) of the Act
8. Resource Standard -- Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries, and Qualifying Individuals
- For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act and specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, and qualifying individuals covered under 1902(a)(10)(E)(iv) of the Act, the resource standard is thrice the SSI resource limit, adjusted annually since 1996 by the increase in the consumer price index.
- 1905(s) of the Act
9. Resource Standard -- Qualified Disabled and Working Individuals
- For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.

TN No. MS-10-002
Supersedes
TN No. MS-98-36

Approval Date MAY 14 2010 Effective Date JAN 01 2010

Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 2.6-A
Page 22a
OMB No.:

State: Iowa

Citation	Condition or Requirement
1902(u) of the	9.1 For COBRA continuation beneficiaries, the resource standard is: — Twice the SSI resource standard for an individual. — More restrictive standard is applied under section 1902(f) of the Act as described in <u>Supplement 8 to ATTACHMENT 2.6-A.</u>

TN No. MS-92-11

Supersedes

Approval Date AUG 03 1992

Effective Date APR 01 1992

TN No. None

Revision: HCFA-PM-93-5 (MB)
MAY 1993

ATTACHMENT 2.6-A
Page 23

State: Iowa

Citation	Condition or Requirement
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1902(u) of the Act	
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	10. Excess Resources
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- | | |
|--|--|
| | <ul style="list-style-type: none">a. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries |
|--|--|

	<p>Any excess resources make the individual ineligible.</p>
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| | <ul style="list-style-type: none">b. Categorically Needy Only |
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	<p>— This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.</p>
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| | <ul style="list-style-type: none">c. Medically Needy |
|--|--|

	<p>Any excess resources make the individual ineligible.</p>
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TN No. MS-98-36

Supersedes

TN No. MS-93-10

Approval Date

FEB 2 1999

Effective Date

OCT 1 1998

Revision: HCFA-PM-91-4 (BPD)
August 1991

ATTACHMENT 2.6-A
Page 24
OMB No.: 0938-

State: Iowa

Citation	Condition or Requirement
42 CFR 435.914	11. Effective Date of Eligibility a. Groups Other Than Qualified Medicare Beneficiaries (1) For the prospective period. Coverage is available for the full month if the following individuals are eligible at any time during the month. <u>X</u> Aged, blind, disabled. <u>X</u> AFDC-related. Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements. <u> </u> Aged, blind, disabled. <u> </u> AFDC-related. (2) For the retroactive period. Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied: <u> </u> Aged, blind, disabled. <u> </u> AFDC-related. Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.. <u>X</u> Aged, blind, disabled. <u>X</u> AFDC-related.

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TN No. MS-91-47
Supersedes
TN No. MS-90-43

Approval Date JAN 23 1992 Effective Date NOV 01 1991
HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Iowa

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
1920(b)(1) of the Act	<input checked="" type="checkbox"/> (3) For a presumptive eligibility period for pregnant women only. Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files a application by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.
1902(e)(8) and 1905(a) of the Act	<input checked="" type="checkbox"/> b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act, coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for-- <input checked="" type="checkbox"/> 12 months <input type="checkbox"/> 6 months <input type="checkbox"/> ___ months (no less than 6 months and no more than 12 months)

March 1995

State: Iowa

Citation	Condition or Requirement
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12. Reserved for future use.

1917(c) 13. Transfer of Assets – All eligibility groups.

The agency complies with the provisions of section 1917(c) of the Act, enacted by OBRA 93 as amended, with regard to the transfer of assets.

- Disposal of assets at less than fair market value affects eligibility for certain services as detailed in Supplement 9(a) and 9(b) to Attachment 2.6-A, except in instances where the agency determines that the transfer rules would work at undue hardship.

1917(d) 14. Treatment of Trusts – All eligibility groups.

The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts.

The agency uses more restrictive methodologies under section 1917(f) of the Act, and applies those methodologies in dealing with trusts;

X The agency meets the requirements in section 1917(d)(4)(B) of the Act for use of Miller trusts.

The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in Supplement 10 to Attachment 2.6-A.

TN No. MS-06- 014

Supersedes

Approval Date DEC 19 2006Effective Date FEB 08 2006TN No. MS-06-014 99-20

State: Iowa

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
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1924 of the Act

15. The agency complies with the provisions of § 1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.

When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:

X the maximum standard permitted by law;

 the minimum standard permitted by law; or

\$ a standard that is an amount between the minimum and the maximum.

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TN No. MS-01-6

Supersedes

TN No. None

Approval Date

FEB 23 2001

Effective Date

JAN 01 2001